

4179

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 342
Co. Registrar's No. 528
Local Registrar's No. _____

PLACE OF BIRTH
County of Yuma
District of _____
Town of Meander
or _____
City of _____ (No. _____ St. _____ Ward _____)

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Victorino Longley Born ☒ YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive ☒ NO

Sex of Child <u>M</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth <u>1</u>	Legitimate? <input checked="" type="checkbox"/>	Date of Birth <u>Sept 2</u> 191 <u>20</u> Month Day Yr.
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FATHER		MOTHER	
Full Name <u>Royce Longley</u>	Full Maiden Name <u>Epiphania Sayche</u>	Residence <u>Meander</u>	Residence <u>Meander</u>
Color or Race <u>Mex</u>	Age at last Birthday <u>25</u> Years	Color or Race <u>Mex</u>	Age at last Birthday <u>16</u> Years
Birthplace <u>Mexico</u>		Birthplace <u>Mexico</u>	
Occupation <u>Laborer</u>		Occupation <u>X</u>	

Number of child of this Mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Sept 2 19120, at 11 A M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature Charles E. Jones M.D.
Attending physician, midwife, householder.*

Address Meander, Arizona

Given or Christian name added from a supplemental report _____ 19120

579-902-129
COUNTY REGISTRAR.

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B. G. Fox
LOCAL REGISTRAR.
COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.